

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/12/05

2 Serial/Patent # 10/520375

3 Please refund the following fee(s):

- | | |
|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Filing |
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Extension of Time |
| <input type="checkbox"/> | Notice of Appeal/Appeal |
| <input type="checkbox"/> | Petition |
| <input type="checkbox"/> | Issue |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. |
| <input type="checkbox"/> | Maintenance |
| <input type="checkbox"/> | Assignment |
| <input type="checkbox"/> | Other |

4 PAPER
NUMBER

1

5 DATE
FILED

1/5/05

6 AMOUNT

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

10 REASON:

- | | |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Overpayment |
| <input type="checkbox"/> | Duplicate Payment |
| <input type="checkbox"/> | No Fee Due (Explanation): |

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9

1	3	--	3	0	8	0
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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

SIGNATURE: A Johnson

TITLE: paralegal

PHONE: 308-9740

OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B